Duke-UNC Brain Imaging and Analysis Center: Standard Operating Procedures

Signature Sheet: Level 1 MRI Access

First Name: _____ Last Name: _____

NetID: _____ Email: _____

You must review <u>ALL SOPs</u> listed below. While some may not apply directly to your roles/responsibilities, you must understand all policies before Level 1 Access can be granted.

SOP #	SOP NAME	SIGNATURE
100	Consenting Subjects	_____
101	MRI Access	_____
102	Adverse Events	_____
103	Hardware Emergencies	_____
104	Medical Emergencies	_____
105	Incidental Findings	_____
106	Privacy	_____
107	Running Subjects	_____
108	Screening Subjects	_____
109	Approval for BIAC Scanner Use	_____
111	BIAC Safety Training	_____

BIAC New User Orientation Date Attended (or anticipated date): _____

I have read and understood the SOPs listed above and have attended the BIAC New User Orientation. I agree to follow all policies and procedures outlined therein. I acknowledge that failure to do so may result in a loss of access.

_____ _____

Signature Date

Last updated: 02/23/2026